## Uncompensated Care Payment June 2018

	Program				Payment		
RHP	Year	UC Provider	TPI	<b>Payment Amount</b>	Date	IGT Entity	IGT Received
NA	DY6	UTHSC-SA Dental School	NA	\$59,527.00	6/29/2018	UTHSC-SA Dental School	\$26,084.73
NA	DY6	City of Houston	NA	\$241,339.00	6/29/2018	City of Houston	\$105,754.75